

Benefits Statement		
for: [Name of Employee]		
for the Year:		
(Formulas included)		
As an employee of [name of company], you receive regular pay for the services you provide. The other part of your total compensation is the value of the benefits that [name of company] makes available to you and, if applicable, your family. The value of these benefits is your "hidden paycheck." This personalized benefits statement describes your hidden paycheck and is intended to give you a summary and the value of the benefits you personally receive. If you have any questions about this statement, please contact Human Resources.		
	Employee Cost/ Contribution	Company Cost/ Contribution
HEALTH & WELFARE BENEFITS		
Medical		
Dental		
Short-Term Disability	N/A	
Long-Term Disability	N/A	
Life Insurance	N/A	
Accidental Death & Disability (AD&D)	N/A	
Employee Assistance Plan (EAP)	N/A	
401(k) Plan		
Pension Plan	N/A	
TOTAL HEALTH & WELFARE BENEFITS		0.00

Sample Employee Benefit Statement Templates

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